

MAR 18 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: TAM et al.

Attorney Docket No.: ACC1P001

Application No.: 09/550,706

Examiner: Stimpak, Johnna

Filed: April 17, 2000

Group: 3623

Title: ON-LINE APPOINTMENT SYSTEM

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is transmitted via facsimile to: Commissioner for Patents, Alexandria, VA 22313-1450 on March 18, 2005.

Signed: 

Printed Name: Maria Shih

AMENDMENT F

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 20, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this Amendment.

Remarks/Arguments begin on page 13 of this Amendment.

ACC1P001

Page 1

09/550,706

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MAR 18 2005

Fax

To: USPTO: GAU 3623	From: Peter Tong, ph. 650.903.9200
Fax: 703.872.9306	Pages: 24 (including this page)
Phone:	Date: 3/18/2005
Re: 09/550,706	CC:

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Transmitted herewith for filing are: (1) Amendment F Transmittal (1 page); (2) Amendment F (19 pages); (3) Information Disclosure Statement (2 pages); (4) Form 1449 (1 page)

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PATENT

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In re application of: TAM et al.

Attorney Docket No.: ACC1P001

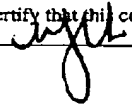
Application No.: 09/550,706

Examiner: Stimpak, Johnna

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Title: ON-LINE APPOINTMENT SYSTEM

CERTIFICATE OF FACSIMILEI hereby certify that this correspondence is transmitted via facsimile to: Commissioner for Patents, Alexandria, VA 22313-1450 on March 18, 2005.
Signed:  Printed Name: Maria Shih**AMENDMENT F TRANSMITTAL**Commissioner for Patents
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.


	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	34	MINUS	36	00	x 9 =	x 18 =
Independent Claims	08	MINUS	08	00	x 42 =	x 84 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$140.00	\$280.00
Total					\$0	\$

☒ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the
 aforementioned Office Action.

Extension of Time is required; however, if it is determined that such an extension be granted, the extension of time under 37

of the Act, to cover the RCE fee, extension of
any additional fees required to facilitate filing the
enclosed response, to Deposit Account No. 500388 (Order No. ACC1P001).

Respectfully submitted,


 C. Douglass Thomas
 Reg. No. 32,947
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